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|--|---|-----------------|---|--|--|--|
| REASON | | GRADE D | Inspection Date: 07/31/2020 | | ESTABLISHMENT NAME: SANGUARY FEMALE EMERGENCY SHELTER | |
| Regular | ✓ | | Time In/Out: 2:00pm 3:15pm | | OWNER/OPERATOR: SANCTUARY, INC. | |
| Follow-Up | | | | | | |
| Complaint | | | LOCATION: CHAMPAIGN | | Establishment Type: FGDC | |
| Investigation | | RATING A | Sanitary Permit No.: 20000-180002118 | | PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired | |
| Other: | | | | | | |
| No. of Children: 0 Male 4 Female 4 Total | | | Child Care License: No.: 170139 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired | | | |

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]


I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By (Name & Title):

LEILANI GUTINAG / CASE MANAGER

DEH Inspector (Name & Title):

V. RAYMUNDO, ERTO I  300-9570